

community, high quality teaching, challenging and up-to-date curriculum, policies that ensure a safe environment conducive to learning, family involvement, and equity in education to assure that all students are helped to achieve high standards.

Blue Ribbon schools do not rest on their laurels. Each is committed to sharing best practices with other schools, and to helping to identify their strengths and weaknesses.

Special congratulations are due to Cheltenham Elementary School for designing a curriculum that encourages students to research their community. Cheltenham students take field trips to historic homes, the police station, the township building, the library, and the local judge. Their learning also makes the students aware of needs of the less fortunate through activities such as providing food baskets and visits to nursing homes. As a result of these projects, Cheltenham students have gathered money to build a wall for a school in Ecuador and to purchase materials for a school devastated by a hurricane in Florida. They have also written letters to governments officials on behalf of a Native American group. Cheltenham students are learning civic responsibility at a young age.

McKinley Elementary School has demonstrated excellence in creating a safe school environment. The McKinley community understands that academic success can only grow in a violence-free class-rooms, and has been a leader in these issues. They have taken a proactive approach to violence prevention by developing non-violent conflict resolution strategies, peer mediation program, parenting workshops, and school and police collaboration. The importance of McKinley's work in this area has been underscored by recent tragedies in schools across the nation.

Thomas Fitzwater Elementary School has taken special steps to meet the needs of all students. This commitment to have every child experience success is exemplified by the programs and accomplishments such as Thomas Fitzwater's Support One Student initiative, a child advocacy program to assist at-risk students. Each identified student is matched with a volunteer staff member. These members include professional, custodial, secretarial, and cafeteria staff. Regular personal contact by caring and supportive staff member promotes a positive environment and guides the student away from inappropriate and possibly destructive behavior. Another example of Thomas Fitzwater's inclusive policies is the collaboration between the Montgomery County Intermediate Unit special education classes and the regular education classes in our school. Throughout the county, the Intermediate Unit provides classes for children with low-incidence handicaps. Four of these classes are housed in Thomas Fitzwater's school building. Regular education children assist in these classes and are very sensitive to these exceptional children's needs. As a result of this collaboration, many special education students have been integrated into regular education classes. McKinley sets the bar high with its motto, "Success for All Students," and every school in the country should endeavor to meet this standard.

INTRODUCTION OF THE MEDICARE COMMUNITY NURSING DEMONSTRATION EXTENSION ACT OF 1999

HON. JIM RAMSTAD

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 27, 1999

Mr. RAMSTAD. Mr. Speaker, as a strong supporter of home- and community-based services for the elderly and individuals with disabilities, I rise to re-introduce legislation similar to that which I sponsored in the 104th and 105th Congresses to extend the demonstration authority under the Medicare program for Community Nursing Organization (CNO) projects.

CNO projects serve Medicare beneficiaries in home- and community-based settings under contracts that provide a fixed, monthly capitation payment for each beneficiary who elects to enroll. The benefits include not only Medicare-covered home care and medical equipment and supplies, but other services not presently covered by traditional Medicare, including patient education, case management and health assessments. CNOs are able to offer extra benefits without increasing Medicare costs because of their emphasis on primary and preventative care and their coordinated management of the patient's care.

The current CNO demonstration program, which was authorized by Congress in 1987 and extended for 2 years in the Balanced Budget Act of 1997, involves more than 6,000 Medicare beneficiaries in Arizona, Illinois, Minnesota, and New York. It is designed to determine the practicality of prepaid community nursing as a means to improve home health care and reduce the need for costly institutional care for Medicare beneficiaries.

To date, the projects have been effective in collecting valuable data to determine whether the combination of capitated payments and nurse-case management will promote timely and appropriate use of community nursing and ambulatory care services and reduce the use of costly acute care services. Authority for these effective programs is now set to expire on December 31, 1999.

Mr. Speaker, while I am glad Congress extended the demonstration authority for the CNO projects last session, I am disappointed that the Health Care Financing Administration is so anxious to terminate this important and effective program. In 1996, HCFA extended the demonstration for one year to allow them to better evaluate the costs or savings of the services available under the program, learn more about the benefits or barriers of a partially capitated program for post-acute care, review Medicare payments for out-of-plan services covered in a capitation rate, and provide greater opportunity for beneficiaries to participate in these programs.

Frankly, in order to do all this analysis of the program, we need more time to evaluate the extensive data that has been collected. We should not let the program die as the data is reviewed. We need to act now to extend this demonstration authority for another three years.

This experiment provides an important example of how coordinated care can provide additional benefits without increasing Medicare costs. For Medicare enrollees, extra benefits

include expanded coverage for physical and occupational therapy, health education, routine assessments and case management services—all for an average monthly capitation rate of about \$89. In my home State of Minnesota, the Health Seniors Project is a CNO serving over 1,600 enrollees in four sites, two of which are urban and two rural.

These demonstrations should also be extended in order to ensure a full and fair test of the CNO managed care concept. These demonstrations are consistent with our efforts to introduce a wider range of managed care options for Medicare beneficiaries. I believe we need more time to evaluate the impact of CNOs on patient outcomes and to assess their capacity for operating under fixed budgets.

Mr. Speaker, it is important to recognize that the extension of this demonstration will not increase Medicare expenditures for care. CNOs actually save Medicare dollars by providing better and more accessible care in home and community settings, allowing beneficiaries to avoid unnecessary hospitalizations and nursing home admissions. By demonstrating what a primary care oriented nursing practice can accomplish with enrollees who are elderly or disabled, CNOs are helping show us how to increase benefits, save scarce dollars and improve the quality of life for patients.

Mr. Speaker, I urge my colleagues to consider this bill carefully and join me in seeking to extend these cost-savings and health care-enhancing CNO demonstrations for another three years.

DEDICATION OF THE NEW CITY HALL

HON. JACK KINGSTON

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 27, 1999

Mr. KINGSTON. Mr. Speaker, the volunteer efforts of so many people in Offerman have been so extraordinary that one is tempted to suggest that the federal government consider this method of putting up new buildings in order to save ourselves from the cost overruns, delays, and problems that seem to plague this kind of enterprise all too often.

The efforts of people like the Edward Daniel family, Mrs. Lucille Chancey, Mrs. Ethel Roberson, the Sam Cason family, the Ray Cason family, the Harvey Dixon family, the Ellis Denison family, and so many, many others have been so inspiring that the entire community has created a feeling of togetherness that is similar to the feeling one experiences at a family reunion.

And speaking of families, the extended Cason family contributed to the enterprise in a way that brought generations together.

Sam and Susie Cason helped with the painting, the carpentry, the sheet rock, the landscaping, the insulation, and countless other tasks.

And they were joined by their children, and the Ray Cason family and grandchildren, with some as young as the 1st grade helping with their little tool sets in the best way they could.

Many of those who volunteered their time had full-time jobs, and so they came to help on Saturdays.

Evenings and weekends—any time that was free—went into the task of completing a job whose progress was open to all to see.